

# Behavioral Health Integration A Conversation with Primary Care

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# What is Integration?

Combines medical and behavioral health services



Addresses the full spectrum of health concerns patients bring to primary medical care

# What is NOT Integration?

- It is NOT a replacement for specialty mental health
  - Close collaboration with specialty mental health is critical for SPMI patients

## What do we want to know?

- Level of Integration
- Referral Practices and Tracking
- Communication Practices
  - Internal/External
- Agreements with Specialty Services Providers
- Screening Tools/Frequency of Use

## What do we want to know?

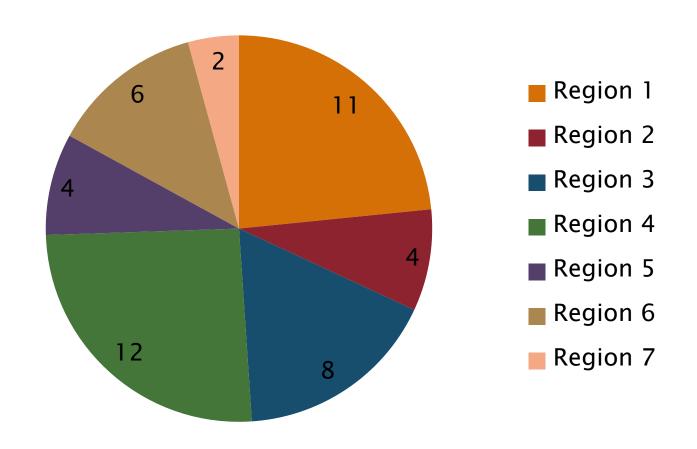
- Information Sharing
  - Internal/External
- Treatment Planning Processes
- Follow-up Practices
- Behavioral Health Training



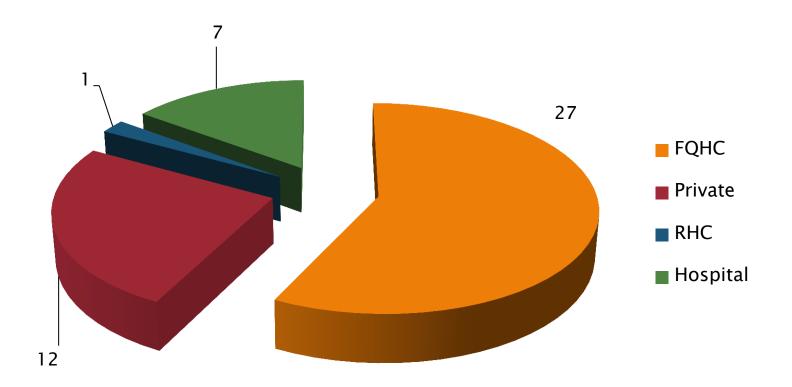
## Methodology for Survey

- Onsite meetings encompassing 47 Health Home sites
- Integrated Practice Assessment Tool©
- Interview/Conversation focused on
  - Level of Integration
  - Communications and Relationships
  - Agreements and Business Practices
  - Screening Tools and Evidence-based Practices
  - Patient Information Exchange with Providers
  - Training

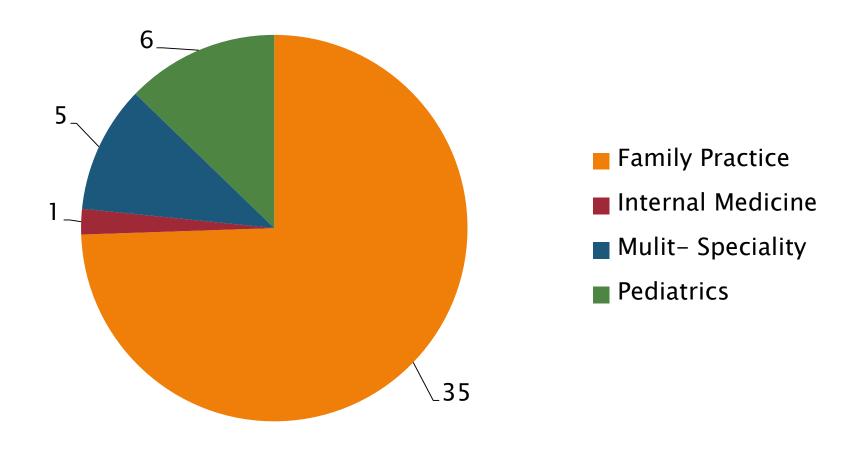
#### Idaho Medicaid Health Homes-47



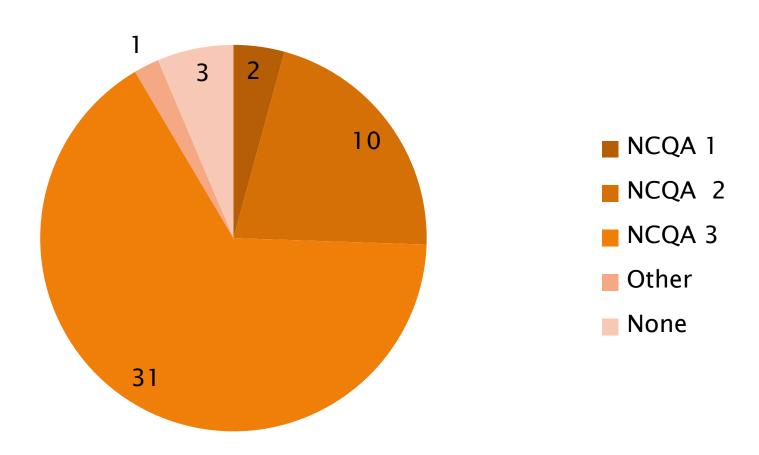
# Clinic Type



# **Clinic Specialty**



## **PCMH Certification**



## Integrated Practice Assessment Tool - IPAT©

- SAMHSA Framework Levels of Integrated Healthcare
- Descriptive, qualitative instrument
- Categorizes practices along continuum
- Focused on qualitative change
- User friendly, quick to administer, applicable for both medical and behavioral health settings
- "Conversation starter" for integration

# Continuum of Physical Care and Behavioral Health Care

- Level 1: Minimal collaboration/coordination
- ▶ Level 2: Basic collaboration off-site
- Level 3: Co-located with basic collaboration on-site
- Level 4: Co-located with close collaboration onsite with some system integration
- Level 5: Close collaboration with several aspects of integrated practice
- Level 6: Full collaboration in a merged integrated practice for all patients

## Collaborative/Coordinated

- Streamlined referral process
- Communication
- Exchange of records and key information
- Direct messaging
- Informed plans of care
- Provider to provider consultations
- Defined responsibilities

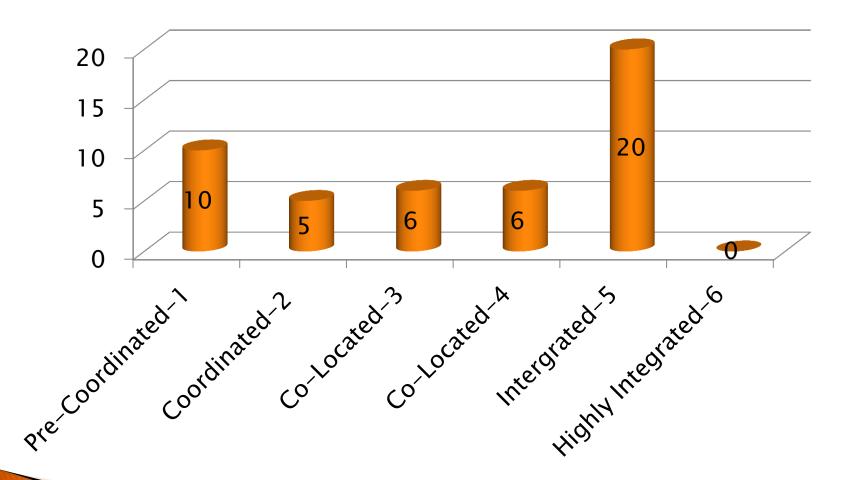
## Co-Located

- Increased Access
- Shared Space and Scheduling
- Increased Screening
- Separate Appointments
- Traditional Clinical Services

# Integrated

- Joint patient appointments
- Change in clinical services
- Shared medical records
- Jointly developed care plans

## **IPAT©**



## Who is Providing Services

- LCSW
- LMSW
- LSW
- LCPC
- CADC
- Psychologists

## Primary Care Physicians

- Routinely treat mental health
- Routinely refer out chemical dependency (SUDS)
- High PCMH certification (94%)
- CHC/RHC=higher integration due to enhanced funding
- Integration did not always correlate to collaborative
- Sharing records and referral information is often one way communication

- MOA's low frequency
- Screening tools are used
  - Not consistently or routinely for all patients
- BH registries low frequency or strategic use of information
- Frequent rate of tracking client connections to BH providers in EHR
- Infrequently receive treatment updates



#### **Among PCMH Certified Centers**

- High
  - Rates of referral
  - Established/staffed tracking processes
  - Access to BH care continuum
  - Follow up for BH clients' missed appointments

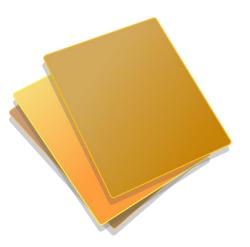


- Low
  - Utilization of Tele-Health for BH
  - Frequency of BH training for medical staff
  - Certainty of patients' understanding of a health home or assigned medical team



## Opportunities for Enhancement

- Technical Assistance
  - Mission Statements
  - Business Planning
  - Organization Assessment Tools
  - Policies and Procedures
  - Culture Shift



# Opportunities for Enhancement

- Technical Assistance (cont'd)
  - Recruitment and Training
  - Screening Tools
  - MOU's and Agreements



- Collaboration with Relevant Community Partners
- Collaboration with other BH Peers

#### Recommendations

- Promote Universal Screening
- Provide Training
  - Topics: SBIRT, Motivational Interviewing, Mental Health First Aid
- Promote BH Registries/Review of Outcomes
- Expand of Use of Tele-Health

## Short Range (year one)

- Assess First Year Cohort
- Promote Universal PHQ-2 and PHQ-9 Use
- Provide SBIRT Training
- Provide Mental Health First Aid Training



# Short Range (year one)

Increase Access to BH Integration Training

Support a Network of Behavioral' Health Providers in Primary Care

Provide Readiness Assessment TA

# Mid-Range (year two)

Establish MOAs/MOUs with Health Partners

Promote Partnerships between PC and BH Providers

 Build a Technical Support Network (between existing providers)

# Long-Range (years 2&3)

Find alternative funding options for co-located and integrated models

Promote reverse integration



# Methods of Achieving Goals

- PCMH Contractors
- Peer to Peer
- BH Integration Sub-Committee
- Other Funders-SAMHSA, HRSA, Foundations
- Division of Behavioral Health

## Other Supports and Partners

- Internet Tool-Kits
- Regional Health Collaboratives
- Regional Behavioral Health Boards
- Idaho Federation of Families
- NAMI
- Recover Support Centers

## **IHC Recommendations**

- What concrete recommendations do we need to make that is within the purview of the IHC?
- ▶ What are the top 3-5 priorities?
- Who will carryout the recommendations?
- Who can we look to for assistance within the existing contract structures?
- What timeframe do we want to use for the recommendation?

# Questions